



Abstracts from the 22nd International Social Pharmacy Workshop (2024) in Banff, Canada

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Empowering healthcare professional students to address an emergent issue: Naloxone access

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Background: Naloxone, a safe and effective medication to reverse an opioid overdose, recently became over-the-counter in the United States (US), but it remains vastly underutilized. Healthcare professionals are in an optimal position to educate patients and consumers about this newly available medication and promote its use through evidence-based harm reduction practices. Research on the challenges and facilitators for disseminating this life-saving medication remains limited. The objective of this study was to characterize healthcare professional students views about the stigma associated with medications used for substance use disorders and their role in harm reduction.

Methods: A qualitative approach was used for this study. Healthcare professional students were recruited from six colleges at a health science center in the mid-South of the United States of America. Thematic analysis using the six steps of Braun and Clarke (2006) was performed by two researchers facilitated by Dedoose®, a qualitative software. Rigor was achieved using Lincoln and Guba (1985) criteria.

Results: Five focus groups were conducted between March and June 2021, with 31 participants (mean age 27). Most students were White (n=19), and the majority were female (n=21). Fourteen students were from the College of Medicine, and 17 were from the College of Pharmacy. Thematic Analysis revealed the theme: "Empowering healthcare professional students to promote naloxone access." This theme reveals student concerns about their lack of preparation and confidence to promote the use of medication interventions for substance misuse due to lack of training and stigma.

Conclusions: Preparing the next generation of healthcare professionals to utilize available treatment options to advance harm reduction and patient care requires adaptation of interdisciplinary healthcare training program curriculum. The study findings highlight the need to develop educational strategies directly aimed toward reducing stigma toward substance misuse in order to promote access, proper usage, and broad distribution of naloxone.

<https://doi.org/10.1016/j.sapharm.2025.03.011>

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Setting up a multidisciplinary framework on rational medicines use in the public health facilities in Sierra Leone, by leveraging the drug and therapeutic committee (DTC): a descriptive mix method study.

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Background: The lack of a structured, multidisciplinary framework for rational medicine use is a major challenge in resource-limited settings, leading to the upscaling of the antimicrobial resistance crisis. The scarcity of resources, shortage of trained healthcare professionals, and lack of on-the-job training opportunities contribute to this challenge. To address this issue, a training program was conducted to support hospitals in setting up and managing DTCs locally. This study explores the DTC history, issues of rational medicine use, antimicrobial resistance, and stewardship, and provides a guide to future DTC setup mechanisms in Sierra Leone.

Methods: A descriptive mix design was utilized in this study. We reviewed training materials and meeting minutes and interviewed stakeholders for this report. The training was carried out in Bo, Kenema, Makeni, and Port Loko government hospitals. The transcripts from the recorded interviews and meeting minutes were read by two researchers, who, following a deductive method, presented the findings in themes.

Results: Overall, 63 health professionals took part in the training. The topics include rational medicine use, antimicrobial resistance, setting up antimicrobial stewardship, and ADR. Practicals that simulated typical issues of irrational medicine use were done and allowed participants to provide solutions. The findings show DTC started in Sierra Leone in 2008, yet it has not been sustainable over time to deliver on its objectives due to limited resource allocations, among others. Committees are active during funding seasons only. Even so, participants show commitment to supporting DTC but are challenged by a lack of accountability and standards, periodic medicine shortages, and labs that are not always functional to support evidence-based prescribing.

Conclusions: Healthcare providers developed competencies in DTC formation and management, despite historical accounts of inactive committees. All stakeholders remain committed to the DTC mandate, even when challenged with enforcing policy and standards due to shortages of essential medicines and inadequately functioning labs to support prescribing decisions.

<https://doi.org/10.1016/j.sapharm.2025.03.012>

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Perceptions of professional behavior in a midwestern college of pharmacy community

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